

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025181

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 27

STATE FILE NUMBER

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> ; b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b>		c. CITY OR TOWN <b>Catron Rt # 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hwy. #61</b>		d. STREET ADDRESS (If outside, give location) <b>Catron Rt # 1</b>	

3. NAME OF DECEASED (Type or print.) <b>Christine Payne Williams</b>			4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>1963</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>C</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-41</b>	9. AGE (last birthday) <b>22</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>New Madrid Co. Mo. U.S.A.</b>	
13a. FATHER'S NAME <b>Sperley Payne</b>		13b. MOTHER'S MAIDEN NAME <b>Delea Greenlow</b>		14. NAME OF HUSBAND OR WIFE <b>Carl H. Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>9</b>		17. INFORMANT <b>Carl H. Williams</b> Address <b>Litbourn, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured skull, possible broken</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <b>week.</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Car Accident on Hwy. #61</b>	
20c. TIME OF INJURY Hour <b>12:30</b> a.m. <b>pm</b> Month, Day, Year <b>6-30-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy. #61</b>		20f. CITY, TOWN, OR LOCATION <b>New Madrid Co. Missouri</b>	
21. I attended the deceased from: <b>12:30</b> to <b>12:30</b> and last saw her alive on <b>6-30-63</b> Death occurred at <b>12:30</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Leola Hedgcock</b> (Deputy or title)		22b. ADDRESS <b>New Madrid, Mo.</b>	
22c. DATE SIGNED <b>7-1-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>July 4, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Poplar Row</b>	23d. LOCATION (City, town, or county) (State) <b>Catron, Mo.</b>
24. FUNERAL DIRECTOR <b>Richards</b>	ADDRESS <b>New Madrid, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-2-63</b>	26. REGISTRAR'S SIGNATURE <b>Ray Hedgcock</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0720  
2 0720  
3  
4 3  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 072  
12 91-3  
13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sam Hedgesmith*

Licensed Embalmer No.

*5100*

P. O. Address

*New Madrid, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.